



QUALITY CONTROL REVIEW SHEET

Job Number: 103DX or DI 90170003.0001.0001.O		Contract Name: START III Region 4 (EP-W-05-054)	
Document Title: HRS Documentation Record_RVO		No of Pages:	
Project Name/Client: Smokey Mountain Smelters		Level Q 1 <input type="checkbox"/> Preliminary Draft <input type="checkbox"/> Level Q 2 <input type="checkbox"/> Draft <input type="checkbox"/> Level Q 3 <input type="checkbox"/> Draft Final <input type="checkbox"/> Level Q 4-6 (Special Review) <input type="checkbox"/> Final <input type="checkbox"/>	
Initiated By: Alicia Shultz	Product Author: Alicia Shultz	Date Initiated: _____ Date Due to Client: _____	
QCC: Scott Covode		Specialized Reviews: Regulatory Review <input type="checkbox"/> Other: <input type="checkbox"/> Engineering Review <input type="checkbox"/> (Attach Separate QC Review Sheets to Document These Reviews)	
Estimated Hours:		Due Date:	

Editorial Reviewer: Bob DeKosky	Est. Hours: 4.0	Date Due:	Review Date: 9/28/09	Signature: Bob DeKosky	<small>Digitally signed by Bob DeKosky DN: cn=Bob DeKosky, c=US, o=Tetra Tech, ou=TES, email=robert.dekosky@tetra.com Date: 2009.09.29 15:13:10 -05'00'</small>
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments	
Overall Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Format	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clarity, Consistency, Grammar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Reference List/Citations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Tables/Figures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Technical Reviewer: S. Davis & S. Harrigan	Est. Hours:	Date Due:	Review Date:	Signature: <i>S. Davis / S. Harrigan</i>
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments
Intended Scope Stated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Reference check Quintiles</i>
Technical Adequacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculations Checked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures Support Text	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Conclusions Justified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Word Processor: <i>QC</i>	Est. Hours: <i>1.5</i>	Date Due:	Review Date:	Signature: <i>BC</i>	
Report Item	YES	NO	N/A	Initials	Comments
Editorial Review Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>see text for qc comments</i>
Technical Review Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QCC Review Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Production Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distribute Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

QCC Notes:

QCC Final Confirmation Signature: *[Signature]*Date: *10/2/09*